[X] is attached hereto.

Attorney's Docket No.: 08575-110001

Client's Ref. No.:

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

was filed on _'as Application Serial No. _ and was amended on _____

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled <u>TRANSMITTING GRAPHICAL REPRESENTATIONS</u>, the specification of which:

[] was describ	bed and claimed in PCT Internation and as amended under PC	al Application No T Article 19 on		filed on
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.				
I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.				
I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:				
Dave Miranda, Reg. No. 42,898		David Feigenbaum, Reg. No. 30,378		
Direct all telephone calls to DAVID MIRANDA at telephone number (617) 542-5070.				
Direct all correspondence to the following:				
26161 PTO Customer Number				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.				
Full Name of Inventor:	BORIS KALINICHENKO			
Inventor's Signature: Residence Address: Citizenship: Post Office Address:	Jamaica Plain, MA Russia 49 Wyman St. Jamaica Plain, MA 02130		Date:	3/19/09
Full Name of Inventor: Inventor's Signature: Residence Address: Citizenship: Post Office Address: 20823146.doc	Dover, MA USA 1 Donnelly Drive Dover, MA 02030		Date:	3/24/04